

### **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

	3683 ,	3683 (Prior Period)	NAIC Company Code _	95562	Employer's ID Number	38-3252216
Organized under the Laws of	of	Michigan	, Stat	e of Domicile	or Port of Entry	Michigan
Country of Domicile			Unite	d States		
Licensed as business type:	Life, Accider	nt & Health [ ]	Property/Casualty [	]	Hospital, Medical & Dental Se	rvice or Indemnity [ ]
	Dental Servi	ce Corporation [ ]	Vision Service Corpo	oration [ ]	Health Maintenance Organiza	tion [X]
	Other [ ]		Is HMO, Federally	Qualified? Ye	es[]No[X]	
Incorporated/Organized		05/24/1995	Commenc	ed Business	08/01/19	996
Statutory Home Office		2900 West Road		_ ,	East Lansing, MI 4882	
		(Street and Nu	,		(City, State and Zip Coo	de)
Main Administrative Office				Vest Road, Street and Number		
	ansing, MI 48				517-349-9922 (Area Code) (Telephone Number)	
Mail Address		Vest Road, Suite 201			East Lansing, MI 48864-63	86
		and Number or P.O. Box)			(City, State and Zip Code)	00
Primary Location of Books a	nd Records			2900 Wes	t Road, Suite 201	
Fast I	ansing, MI 48	823-6386		(Stree	et and Number) 937-531-2159	
	ity, State and Zip		,	(Are	a Code) (Telephone Number) (Extension	)
Internet Web Site Address			www.c	aresource.co	m	
Statutory Statement Contact	t	L Tarlton Thor	nas III,		937-531-2159	
tarlton.th	nomas@cares	(Name)			(Area Code) (Telephone Number) (E 937-531-2676	Extension)
	(E-Mail Address				(Fax Number)	
			OFFICERS			
Name		Title	OFFICERS	Name	<u> </u>	Title
Sharon R. Williams		Plan Preside	ent	Craig Thiele		Medical Officer
Bobby Jones		Chief Operating		L. Tarlton The	omas III , Chief	Financial Officer
			OTHER OFFICE	RS		
					,	
		DIDE	CTORE OR TRI	ICTEE		
Pamela B. Morris		Margaret Mar	CTORS OR TRU	Evonne Wi	lliams Ka	ren Hamilton
J. Thomas Maultsby		John M. Rock				
State of						
County of		ss				
•			d agusthat thay are the decari	had afficers of	said reporting entity, and that on th	o reporting period stated
above, all of the herein describe that this statement, together wi liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respectiv	ed assets were th related exhib nd affairs of the cordance with the s or regulations ely. Furthermon copy (except fo	the absolute property of oits, schedules and exp said reporting entity as the NAIC Annual Statem is require differences in the scope of this attent or formatting differences.	f the said reporting entity, fre lanations therein contained, of the reporting period state ent Instructions and Accounting reporting not related to accou station by the described office	e and clear from annexed or red above, and cong Practices arounting practices around also includes	om any liens or claims thereon, exciperred to, is a full and true statem of its income and deductions therefrod <i>Procedures</i> manual except to the sand procedures, according to the less the related corresponding electratement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, e extent that: (1) state law best of their information, onic filing with the NAIC,
Sharon R. V			L. Tarlton Thomas III		Bobby J	
Plan Pres	sident		Chief Financial Office	ľ	Chief Operati	
Subscribed and sworn to b	efore me this			b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [ X ] No [ ]

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

	_			_		_
Norma of Debter	2	3	4	5	6	/ A dustitus d
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		ļ				
					ļ	ļ
		ļ				ļ
0299997 Group subscriber subtotal	<u>0</u>	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	10	0	0	<u> </u> 0	0	0
0399999 Premiums due and unpaid from Medicare entities	ļ	<u> </u>				ļ
0399999 Premiums due and unpaid from Medicare entities	6,882	1,222	2,897	395,908	0	406,909
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,882	1,222	2,897	395,908	0	406,909

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted						
0199998 - Aggregate of amounts not individually listed above.	20,120	20,092	20.061	105,014	105.014	60,273						
0199999 - Totals - Pharmaceutical rebate receivables	20,120	20,092	20,061		105.014	60,273						
0299998 - Aggregate of amounts not individually listed above	7,754	2,151	5.809		100,011	83,767						
0299998 - Aggregate of amounts not individually listed above. 0299999 - Totals - Claim Overpayment Receivables	7,754		5,809		0	83,767						
Other Receivables	1,104	2,101	0,000	00,000	Ů	00,707						
State of Michigan Maternity Case Rate		22,242	.30.903			432,497						
0699998 - Aggregate of amounts not individually listed above.		4,796		1 ,470		4,796						
0699999 - Totals - Other Receivables	361,877	27,038	30,903	17,475	0	437,293						
0000000 - Total's - Other Receivables	301,071	21,000	30,303	17,475	0	457,255						
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0799999 Gross health care receivables	389,751	49,281	56.773	190,542	105,014	581,333						

## EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid (	Claims	_	_	_	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered						(
0399999 Aggregate accounts not individually listed-covered	2,497,804	104,851	13,424	7,715	19,496	2,643,290
0499999 Subtotals	2,497,804	104,851	13,424	7,715	19,496	2,643,290
0599999 Unreported claims and other claim reserves						12,257,430
0699999 Total amounts withheld						
0799999 Total claims unpaid						14,900,720
0899999 Accrued medical incentive pool and bonus amounts						390,110

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	<b>R</b> .		<b>B</b>				
	············· <del>··</del> ····						
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•		-			•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareSource Management Group	Administration	1,112,246	1,112,246	
CareSource Foundation	Administration.		1,033	
		-		
		-		
		1		
		<u> </u>		
0199999 Individually listed payables		1,113,279	1,113,279	0
0199999 Individually listed payables		1,110,270	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0399999 Total gross payables		1,113,279	1,113,279	0

#### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	<del>// (1                                  </del>		<u> </u>	<del></del>		
	1 Direct Medical Expense	2 Column 1 as a % of	3 Total Members	4 Column 3 as a % of	5 Column 1 Expenses Paid to	6 Column 1 Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	31,420	0.0	1,831	5.2		31,420
2. Intermediaries	1,292,422	1.3	35,394	99.9		1,292,422
3. All other providers	28,474,715	28.9	35,394	99.9		28,474,715
Total capitation payments	29,798,557			204.9	0	29,798,557
Other Payments:	, ,		ĺ			· · ·
5. Fee-for-service	0	0.0	xxx	L xxx		
Contractual fee payments	68,881,957		XXX	XXX		68.881.957
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	L xxx		
8. Bonus/withhold arrangements - contractual fee payments		0.0	Lxxx	Lxxx	<u> </u>	
9. Non-contingent salaries		0.0	Lxxx	Lxxx	<u> </u>	
10. Aggregate cost arrangements		0.0	xxx	Lxxx	1	
11. All other payments		0.0	xxx	xxx	1	
12. Total other payments	68,881,957	69.8	XXX	xxx	0	68,881,957
13. Total (Line 4 plus Line 12)	98,680,514	100 %	XXX	XXX	0	98,680,514

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
					•
9999999 Totals		0	XXX	XXX	XXX

### **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍┕					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CareSource Michigan

2.

DUONIEGO NITUE OTATE OF					2211			(LOCATION)	100	
AIC Group Code 3683 BUSINESS IN THE STATE OF	- Michigan	Compre	hensive	DURING THE YEAR	2011			NA T	IC Company Code	95562
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37 ,737							363	37,374	
2 First Quarter	36,678							373	36,305	
3 Second Quarter	35,642							444	35 , 198	
4. Third Quarter	34,572							459	34,113	
5. Current Year	35,447							481	34,966	
6 Current Year Member Months	430,125							5,120	425,005	
Total Member Ambulatory Encounters for Year:										
7. Physician	189,095							3,488	185,607	
8. Non-Physician	121,484							4,800	116,684	
9. Total	310,579	0	0	0	0	0	0	8,288	302,291	
10. Hospital Patient Days Incurred	17,118							776	16,342	
11. Number of Inpatient Admissions	3,998							142	3,856	
12. Health Premiums Written (b)	118,732,335							4,925,895	113,806,440	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	118,732,335							4,925,895	113,806,440	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	98,680,514							4,041,259	94,639,255	
18. Amount Incurred for Provision of Health Care Services	99,893,124							4,772,720	95,120,404	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,925,895



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

ALC Crown Code 2002 DUCINITIES IN THE STATE OF														
AIC Group Code 3683 BUSINESS IN THE STATE OF		Compret	nensive						' '	95562				
	1	(Hospital &	Medical)	4	5	6	7	8	9	10				
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	37,737	0	0	0	0	0	0	363	37,374					
2 First Quarter	36,678	0	0	0	0	0	0	373	36,305					
3 Second Quarter	35,642	0	0	0	0	0	0	444	35,198					
4. Third Quarter	34,572	0	0	0	0	0	0	459	34,113					
5. Current Year	35,447	0	0	0	0	0	0	481	34,966					
6 Current Year Member Months	430,125	0	0	0	0	0	0	5,120	425,005					
Total Member Ambulatory Encounters for Year:														
7. Physician	189,095	0	0	0	0	0	0	3,488	185,607					
8. Non-Physician	121,484	0	0	0	0	0	0	4,800	116,684					
9. Total	310,579	0	0	0	0	0	0	8,288	302,291					
10. Hospital Patient Days Incurred	17,118	0	0	0	0	0	0	776	16,342					
11. Number of Inpatient Admissions	3,998	0	0	0	0	0	0	142	3,856					
12. Health Premiums Written (b)	118,732,335	0	0	0	0	0	0	4,925,895	113,806,440					
13. Life Premiums Direct		0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0					
15. Health Premiums Earned	118,732,335	0	0	0	0	0	0	4,925,895	113,806,440					
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	98,680,514	0	0	0	0	0	0	4,041,259	94,639,255					
18. Amount Incurred for Provision of Health Care Services	99,893,124	0	0	0	0	0	0	4,772,720	95,120,404					

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......4,925,895

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### **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Liability	10	11	12
NAIC Company	Federal ID			Domiciliary	Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Pavable on Paid	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance
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0999999	Total (Sum of 0	399999 and 0699	9999)	I		0	0	0	0	0	0

## SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

NAIC	2	3	able on Paid and Unpaid Losses Listed by Rei 4	5	6	7
Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
ccident and Hea	Ith - Non-Affili	ates - Non-U.S. Non-	Affiliates Ace American Insurance Company			33,697
1299999 - Accid	dent and Health	- Non-Affiliates - N	Ion-U.S. Non-Affiliates	rn	75,292	33,697
1399999 - Accid	dent and Health	- Non-Affiliates -	Total Non-Affiliates		75,292	33,697
1499999 - Acci	dent and Health	- Total Accident and	d Health		75,292	33,697
1699999 - Tota	I Non-U.S. (Sum	of 0299999, 0599999	0999999 and 1299999)		75,292	33,697
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#### ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CareSource Michigan

### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

			Ne:	Insurance Ceded Accident and Health Insul	ance Liste	u by Kemsumig Co	ilpany as of Decenic	er 51, Current real				
1	2	3	4	5	6	7	8	] 9 [		Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID			Domiciliary			Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code		Effective Date	Name of Company	Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
Conoral Ac	count Authorize	nd Non Affiliate	es - U.S. Non-Affiliates	Juliadiction	Гурс	i remiums	(Estimated)	Joneanieu i reiniums	Current real	i iloi reai	11636116	Torider Comburance
22667	0E 2274720	02/04/2044	Ace American Insurance Company	PA.	SSL/1/A	351,904		1				I
	90-23/1/20	03/01/2011	Ace American insurance company	PA	SSL/1/A							
			lon-Affiliates - U.S. Non-Affiliates			351,904	0	0	0	0	0	0
0699999	- General Account	: - Authorized - N	Non-Affiliates – Total Authorized Non-Affiliates			351,904	0	0	0		0	0
0799999	- General Account	: - Authorized - T	otal General Account Authorized			351,904	0	0	0		0	0
1599999	- General Account	: - Total General	Account Authorized and Unauthorized			351,904	0	0	0	0	0	0
3199999	- Total U.S. (Sun	n of 0199999, 0499	999, 0899999, 1199999, 1699999, 1999999, 2399999	and 2699999)		351,904	0	0	0	0	0	0
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330000	0 Total (Sum of	1599999 and 309	000001		4	351,904	0	n	0	n	Λ	n
555599	a rotal (Suill Ol	1000000 and 308	2222)			351,904	U	0	0	1	0	1 0

### **SCHEDULE S - PART 4**

							Reinsurance Cedeo	To Unauthorized								
1	2	3	4	5	6	7	8	9	Le	etter of Credit Is Confirming Ba	ınk (a)	13	14	15	16	17
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	10 American Bankers Association (ABA) Routing Number	Letter of Credit Code	12 Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Balances	Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
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2599999	Total (Sum o	f 1599999 a	and 2299999)	0	0	0	0	0	XXX	XXX	XXX	0	0	0	0	0

(a)	Code	American Bankers Association (ABA)	Bank Name
(α)	0000	rtouting rtainber	Bankiramo

Schedule S - Part 5
Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	Omitted) 2	3	4	5
		2011	2010	2009	2008	2007
Α. (	OPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare	29	16	4	1	0
3.	Title XIX-Medicaid	323	364	507	288	304
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable	34	29	30	48	0
8.	Reinsurance recoverable on paid losses	75	60	246	57	100
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

### **SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	35,886,759		35,886,759
2.	Accident and health premiums due and unpaid (Line 15)	406,909		406,909
3.	Amounts recoverable from reinsurers (Line 16.1)	75,292	(75,292)	0
4.	Net credit for ceded reinsurance	XXX	108,989	108,989
5.	All other admitted assets (Balance)	748,562		748,562
6.	Total assets (Line 28)	37,117,522	33,697	37,151,219
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,867,023	33,697	14,900,720
8.	Accrued medical incentive pool and bonus payments (Line 2)	390 , 116		390,116
9.	Premiums received in advance (Line 8)	437 , 263		437 , 263
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	1,631,025		1,631,025
13.	Total liabilities (Line 24)	17,325,427	33,697	17,359,124
14.	Total capital and surplus (Line 33)	19,792,095	XXX	19,792,095
15.	Total liabilities, capital and surplus (Line 34)	37,117,522	33,697	37,151,219
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	33,697		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	75,292		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	108,989		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	108,989		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Direct Business Only									
States, Etc.	AL	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals		
	AL								
2. Alaska	AK								
3. Arizona									
4. Arkansas	AR								
5. California	CA				-				
6. Colorado	CO				-				
7. Connecticut					-				
8. Delaware									
9. District of Columbia	DC								
10. Florida									
11. Georgia									
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. lowa	A								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine									
21. Maryland									
22. Massachusetts									
23. Michigan									
24. Minnesota	MN								
25. Mississippi									
26. Missouri				····					
27. Montana									
					-				
28. Nebraska									
29. Nevada									
30. New Hampshire					-				
31. New Jersey					-				
32. New Mexico									
33. New York									
34. North Carolina									
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma									
38. Oregon									
39. Pennsylvania									
40. Rhode Island	RI		.						
41. South Carolina	SC		.						
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	TU								
46. Vermont	VT								
47. Virginia									
48. Washington									
49. West Virginia									
50. Wisconsin									
51. Wyoming									
52. American Samoa					1				
53. Guam53.				1	1				
			1						
54. Puerto Rico			1						
55. U.S. Virgin Islands									
56. Northern Mariana Islands			1						
57. Canada									
58. Aggregate Other Alien	10								

			1 / 11 / 1	, .					<b>-</b>	• . • . —				
1	2	3	4	5	6	7 Name of	8	9	10	11	12	13	14	15
						Securities					Type of Control (Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
														1
		1	1		1	1								
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### **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95201	31-1143265	CareSource	(6,000,000)	(2.214.142)		7 timate(e)	l (153.518.292)	7 igreemente		Buomeco	(161.732.434)	ranon/(Liability)
i	56-2582561	CareSource Foundation		2,319,783			304 957				2 624 740	
10142 13717	32-0121856 27-1368371	CareSource Indiana					(26,885) 3,366,403		ļ		(26,885)	
13717	27 - 1368371	CareSource Insurance, LLC.					3,366,403		ļ		3,366,403	
	31-1703368	CareSource Management Group Company	10,000,000						ļ		173,591,978	
95562	31-1703371 38-3252216	CareSource Management Group Company. CareSource Management Services, Inc. CareSource Michigan.	(4,000,000)	(105,641)					·····		(3,247,943)	
JJJUZ	00-0202210	vareoverice micrigan	(4,000,000)	(100,041)			(10,410,210)		ļ		(14,575,009)	
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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
4	MARCH FILING	Responses
1.		YES YES
2. 3.		YES
4.		YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod pplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.	,	SEE EXPLANATION
12.	••	N0
13.		N0
14.		N0
15.	·	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	CLE LA LANTITON
21.		N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
-	nation:	
11. Co	verage provided through Medicare Advantage Program	
12.		
13.		
14.		
15.		
16.		
17. Co	verage provided through Medicare Advantage Program	
18. Pr	emiums written are under the threshold required	
10 0	owiums written are under the threshold required	
13. 7	emiums written are under the threshold required	

20. Premiums written are under the threshold required

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

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